

FEC
FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL CENTER

2009 MAR 26 7:10 PM
Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

C i t i z e n s f o r R e s p o n s i b l e G o v e r n m e n t

E m p l o y e e s o f M S E , I n c .

ADDRESS (number and street)

P . O . B o x 4 0 7 8

(Check if address
is changed)

B u t t e M T 5 9 7 0 1 - 4 0 7 8

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address
is changed)

l e e . b l a c k @ m s e - t a . c o m

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

N A

2. DATE

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 0 9

3. FEC IDENTIFICATION NUMBER

C 0 0 2 1 8 1 3 1

4. IS THIS STATEMENT

NEW (N)

OR

✓

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

William F. Robinson

Signature of Treasurer



Date

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 0 9

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

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